

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000243191

**Entity Name:** ALAN MOORE CREMATION CARE, LLC

**Current Principal Place of Business:**

301 N BREVARD AVE, SUITE E  
ARCADIA, FL 34266

**Current Mailing Address:**

PO BOX 1097  
ARCADIA, FL 34265

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOORE, DON A  
1700 SUMMIT LAKE DRIVE, SUITE 101  
TALLAHASSEE, FL 32317 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** DON A MOORE

03/20/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MOORE, DON A  
Address 5700 NE RIVERBEND RD  
City-State-Zip: ARCADIA FL 34266

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DON A MOORE

OWNER

03/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date